

FILED FEB 5 1951

## STANDARD CERTIFICATE OF DEATH

5335

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>67</u>		PRIMARY REG. DIST. NO. <u>5270</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>"RURAL" LINCOLN</u>		c. LENGTH OF STAY (in this place) <u>18 MOS.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>"RURAL" LINCOLN</u>		6220	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. CLEVER</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. CLEVER</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u>		b. (Middle) <u>✓</u>		c. (Last) <u>MILLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 4 1951</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>		8. DATE OF BIRTH <u>FEB. 25-1871</u>	
9. AGE (in years last birthday) <u>79</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>QUEEN CITY-MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>FRANK WALKER</u>		13b. MOTHER'S MAIDEN NAME <u>GILLISPIE</u>		14. NAME OF HUSBAND OR WIFE <u>JAKE MILLER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. DAKE CUREMAN, R.F.D. CLEVER, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Liver Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Carcinomatosis</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:10 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>A. E. Mitchell</u>				23b. ADDRESS <u>Repulbis, Mo.</u>		23c. DATE SIGNED <u>1-6-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-7-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FRAZIER</u>		24d. LOCATION (City, town, or county) (State) <u>CHRISTIAN CO. MO.</u>	
DATE REC'D BY LOCAL REG. <u>1-7-51</u>		REGISTRAR'S SIGNATURE <u>Alline Drier</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Dean Davis, Clever, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**DIVISION OF HEALTH OF MO.**

District No. 5 - Springfield

RECEIVED FEB 2 1951

Dist. File 257-279

Date Filed 2-2-51

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John Allan Harris*

Licensed Embalmer No. 4390

P. O. Address

Clever, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.